

EXPERIENCES OF MOTHERS PROVIDING KANGAROO MOTHER CARE FOR LOW BIRTH WEIGHT BABIES AT HOUSEHOLD LEVEL IN A TRIBAL AREA OF MAHARASHTRA

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The present study is a part of ICMR multicentric project on Community based Kangaroo Mother Care (KMC) for Low Birth Weight (LBW) babies in urban, rural and tribal areas in India and pertains to tribal area of Karjat block in Raigad district of Maharashtra, India. The objectives were to study the acceptability of KMC by the mother and family and compliance of the method. Quantitative data was collected through household interviews. Total 31 babies were enrolled and follow-up visits were completed in all of these babies. Qualitative data was collected using Focus Group Discussions (FGDs) and in-depth interviews. FGDs were conducted before and after providing KMC among various groups such as pregnant and non-pregnant women, mother-in-laws & relatives, Auxiliary Nurse Midwives (ANMs) and Anganwadi Workers (AWWs) to understand perceptions, community practices for LBW babies and experiences about KMC.

In-depth interviews were conducted among fifteen mothers providing KMC to explore the facilitating factors and barriers while practicing this method.

The present paper pertains to findings of FGDs and in-depth interviews. FGD findings before provision of KMC among ANMs and AWWs indicated the problems anticipated for provision of KMC such as initiation of work by tribal women within five days of delivery, alcohol drinking among mothers and fathers and refusal of fathers to provide KMC. Among pregnant and non-pregnant women, some of them reported that they gave bath to LBW babies immediately after birth and few mentioned that they rubbed the skin for cleaning of the vernix. None of them had heard about KMC. Almost all expressed that they would need assistance from family members to provide KMC. FGD findings among ANMs and AWWs after provision of KMC by mothers indicated that majority of women could not take baby in KMC bag alone and were unable to do household work during KMC position. Almost all the mothers reported initiation of KMC on 2-5th day after delivery. Some of them reported that family members supported them for providing KMC.

The findings of in-depth interviews indicated the facilitating factors and barriers for providing KMC by the mothers. The facilitating factors were: support of family members, being at parent's place and support from ASHAs/Anganwadi workers to take baby in KMC position.

The barriers included lack of privacy due to small homes, alone at home so difficulty to take baby in KMC position and inability to do household work while providing KMC. Some mothers reported hot and humid climate as a barrier especially during the summer months. The qualitative data of the

